Bureau of Health Care Quality & Compliance

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | NVN657HOS1 | A. BUILDING _____ B. WING _____ | 06/04/2009 |

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| RENOWN REHABILITATION HOSPITAL | 555 GOULD ST RENO, NV 89502 |

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| S 000 | Initial Comments<br><br>This Statement of Deficiencies was generated as a result of a State Licensure re-survey conducted in your facility on 6/1/09 and finalized on 6/4/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.<br><br>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.<br><br>The following deficiencies were identified. | S 000 | | |
| S 070 SS=D | NAC 449.3154 Construction Standards<br><br>1. Except as otherwise provided in this section, a hospital shall comply with the provisions of NFPA 101: Life Safety Code, pursuant to section 1 of this regulation.<br><br>This Regulation is not met as evidenced by:<br>The current edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) is the 2006 edition, Chapter 18 New Health Care Occupancies.<br><br>This REG is not met as evidenced by:<br><br>1) 18.2.3.4 Aisles, corridors, and ramps required for exit access in a hospital or nursing home shall be not less than 8 ft (2440 mm) in clear and unobstructed width, unless otherwise permitted by the following:<br><br>Based on observation, the facility failed to maintain pre-existing corridors used as exit access. | S 070 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| S 070 | Continued From page 1<br><br>Findings include:<br><br>In the corridor in front of the west nurses station there was a med cart and a computer stored reducing the corridor width from 8 ft to 6 ft.<br>In the corridor in front of the east nurses station there was a med cart stored reducing the corridor width from 8 ft to 6 ft.<br>In the corridor north of the east nurses station there was a med cart stored reducing the corridor width from 8 ft to 6 ft.<br><br>2) Alarms, emergency communications systems and illumination of generator set locations are in accordance with NFPA 70.9.1.2.<br><br>Based on observation, the facility failed to provide illumination of the generator set location.<br><br>Findings include:<br><br>The generator set location did not have a battery back-up light to illuminate the location upon the failure of city power and generator failure.<br><br>3) 18.7.1 Evacuation and Relocation Plan and Fire Drills<br><br>18.7.1.6 Drills shall be conducted quaterly on each shift to familiarize facility personal (nurses, interns, maintenance engineers, and administrative staff) with signals and emergency action required under varied conditions.<br><br>Based on record review, the facility failed to maintain records of fire drills conducted.<br><br>Findings include: | S 070 | | |

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| S 070 | Continued From page 2<br><br>The facility did not have documentation of a fire drill conducted for the 2nd quarter of 2008 on day shift and the 3rd quarter of 2008 on night shift.<br><br>4) 9.1 Utilities<br><br>9.1.3 Emergency generators and standby power systems, where required for compliance with this code, shall be installed , tested , and maintained in accordance with NFPA 110, Standards for Emergency and Standby Powers Systems.<br><br>NFPA 110 8.4.3 Diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent nameplate rating for 30 minutes, followed by 75 percent nameplate rating for 60 minutes, for a total of 2 continuos hours.<br><br>Based on record review, the facility failed to perform the required annual 2-hour load bank test for the emergency generator and 30 minute per month tests under load.<br><br>Findings include:<br><br>The facility did not have a record of an annual 2-hour load bank test for 2008. The facility did not have records of 30 minute monthly testing for June 2008 thru January 2009.<br><br>Severity: 2 Scope: 1 | S 070 | | |
| S 088 SS=D | NAC 449.316 Physical Environment<br><br>1. The buildings of a hospital must be solidly constructed with adequate space and safeguards | S 088 | | |

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| S 088 | Continued From page 3<br>for each patient. The condition of the physical plant and the overall hospital environment must be developed and maintained in a manner so that the safety and well-being of patients are ensured.<br><br>This Regulation is not met as evidenced by:<br>Based on observation and interview the facility failed to ensure all electronic equipment was inspected as required and failed to safely store equipment.<br><br>1. Automatic external defibrillators on crash carts on nursing units were due for inspection 4/09 and 6/09.<br>2. Dinamap in special procedures unit was due for inspection 9/08.<br>3. Bladder scanner located in hall in front of room 118 due for inspection 5/09.<br>4. The following items were located in the physical therapy room: two hot hydrocollators due for inspection 9/08 and the pulse oximeter due for inspection 9/08.<br>5. Five Flexiflo Patrol feeding pumps did not have bio med tags identifying their last inspection.<br>6. Five wheelchairs and two walkers blocked a door which contained a sign indicating it was not to be blocked due to the smoke alarm and reset panel.<br><br>Severity: 2 Scope: 2 | S 088 | | |
| S 202 SS=E | NAC 449.3395 Sanitary Conditions - Supplies for Food<br><br>2. A hospital shall maintain on its premises at least a 1-week supply of staple foods and at least a 2-day supply of perishable foods. The supplies must be appropriate to meet the requirements of the menu. All food must be of good quality and | S 202 | | |

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| S 202 | Continued From page 4<br>procured from sources approved or considered satisfactory by federal, state and local authorities. Food that is contained in a container or can that:<br>(a) Is unlabeled, if the contents of the container or can are not readily identifiable without opening the container or can<br>Is not acceptable and must not be maintained.<br>This Regulation is not met as evidenced by:<br>Based on observation the facility failed to label a bulk container of sugar, failed to label and date a container of fruit salad, and failed to store raw eggs in a manner which would prevent contamination of adjacent foods.<br><br>Severity: 2 Scope: 2 | S 202 | | |
| S 205 SS=E | NAC 449.3395 Sanitary Conditions - Supplies for Food<br><br>3. All kitchens and kitchen areas in a hospital must be kept clean, kept free from litter and rubbish, and protected from rodents, roaches, flies and other insects. The hospital shall take such measures as are necessary for preventive pest control. All utensils, counters, shelves and equipment must be kept clean, maintained in good repair, and free from breaks, corrosions, open seams, cracks and chipped areas. Plastic ware, china and glassware that is unsightly, unsanitary or hazardous because of chips, cracks or loss of glaze must be discarded.<br>This Regulation is not met as evidenced by:<br>Based on observation the facility failed to ensure cleanliness of the kitchen by: spilled milk on the floor of the walk-in refrigerator, spilled topping on the floor of the dry storage, and grease on the floor behind the fryers. The interior of the microwave also needed cleaning. | S 205 | | |

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| S 205 | Continued From page 5<br>Severity: 2 Scope: 2 | S 205 | | |
| S 212 SS=E | NAC 449.3395 Sanitary Conditions - Supplies for Food<br><br>9. Equipment of the type and in the amount necessary for the proper preparation, service and storage of food and for proper dishwashing must be provided and maintained in good working order.<br><br>This Regulation is not met as evidenced by:<br>Based on observation the facility failed to provide commercial grade dietary equipment.<br>1. The main nursing nourishment refrigerator<br>2. Therapeutic dining room room refrigerator and microwave<br><br>Severity: 2 Scope: 2 | S 212 | | |
| S 216 SS=D | NAC 449.340 Pharmaceutical Services<br><br>2. The pharmacy and area for drug storage must be administered in accordance with all applicable state and federal laws.<br>This Regulation is not met as evidenced by:<br>Based on record review, observation and staff interview, the facility failed to discard medication that was beyond it's expiration date, failed to discard medication that was brought to the facility from an outside source and failed to obtain medication for patient use as per facility policy.<br><br>A multi-dose vial of Phenol from an outside pharmacy with an expiration date of 3/25/09, was found in the special procedures unit refrigerator and a nurse reported she believed it was brought into the facility by a physician on 5/28/09. Review | S 216 | | |

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| S 216 | Continued From page 6<br>of patient records revealed that Patient #21 was injected with Pheno 10% during a Radiofrequency lesioning on 5/28/09, in the special procedure unit. The nurse denied any knowledge that the vial of expired Phenol was used during the procedure.<br><br>Severity: 2 Scope: 1 | S 216 | | |
| S 219 SS=D | NAC 449.340 Pharmaceutical Services<br><br>5. Drugs and biologicals must be controlled and distributed in a manner which is consistent with applicable state and federal laws.<br>This Regulation is not met as evidenced by:<br>Based on observation and interview the facility failed to ensure expired medications were removed from stock and that a system existed for monitoring the 60 days shelf life for vials of Lorazepam.<br><br>1. Three vials of Diazepam 10 mg (milligrams)/2ml (milliliters), six vials of Sterile Water and one vial of Lidocaine HCL 1.5% with Epinephrine found in special procedures cart with expiration dates of 5/1/09.<br>2. Ten one liter bags of .45% Normal Saline (expiration 6/1/09), nine one liter bags of Lactated Ringers (expiration 6/1/09), and two one liter bags of D5 (Dextrose 5%)Normal Saline (expiration 4/1/09) were found in the storage room.<br>3. Five Epinephrine 1:10,000 injection were found on the special procedures crash cart with expiration dates of 5/9/09.<br>4. One syringe of Dextrose 50% was found on the special procedures cart was found with an expiration date of 5/08.<br>5. One vial of Phenol Injectable NS 10% was found in the special procedures medication | S 219 | | |

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| S 219 | Continued From page 7<br>refrigerator with an expiration date of 3/25/09.<br>6. Two vials of Hyaluronidase Injection were found in the special procedures unit refrigerator with expiration dates of 4/29/09.<br>7. Per the manufacturer, Lorazepam remained stable for 60 days at room temperature. There was no system to determine the length of time the Lorazepam was at room temperature in the MedSelect dispensing unit.<br><br>Severity: 2 Scope: 1 | S 219 | | |
| S 293 SS=F | NAC 449.361 Nursing Services<br><br>4. A hospital shall have a system for determining the nursing needs of each patient. The system must include assessments made by a registered nurse of the needs of each patient and the provision of staffing based on those assessments.<br><br>This Regulation is not met as evidenced by:<br>Based on interview and policy review, the facility failed to have an acuity based staffing system based on assessment of patients needs.<br><br>An interview with the clinical nurse manager and a review of the staffing matrix revealed staffing patterns were based on daily patient census of the facility. The manager was able find staffing information from 2004 which was based on individual assessment of each patient with designated hours of nursing based on the assessment. The clinical manager indicated that the system from 2004 was no longer in use. All of the managerial staff had changed since 2004 and none of the staff knew why the acuity based staffing system was discontinued.<br><br>Severity: 2 Scope: 3 | S 293 | | |

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| S 300 SS=F | NAC 449.3622 Appropriate Care of Patient<br><br>1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from which the patient is suffering.<br><br>This Regulation is not met as evidenced by:<br>Based on record review and interview the facility failed to ensure care plans were individulized or updated to the appropriate needs of the patients (Patient #2, 5, 16, 18, 8, 13,19)<br><br>Findings include:<br><br>1. Care plan for Stage II pressure sore for Patient #2 was not updated to include improvement of the wound.<br><br>2. Patient #5 was admitted with dysphagia, and had no care plan to advise of the changes in diet/swallowing status or current NPO (nothing by mouth) status. A certified nursing assistant was heard asking the nurse if Patient #5 could have ice chips as a family member was giving ice chips to the patient. The patient was strict NPO due to aspiration risks.<br><br>3. Patient #16 was observed to have a Jackson trach with instructions of the front of the chart. No care plan was in place for care of the Jackson trach.<br><br>4. Patient #18 was admitted 3/11/09. The care plans for Patient #18 were last updated 4/22/09. | S 300 | | |

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| S 300 | Continued From page 9<br><br>5. Patient # 8 was admitted to the facility on 5/20/09 and readmitted on 5/30/09 after a two day acute hospital stay from 5/27/09 to 5/30/09. The patient's daignoses included status post mitral valve replacement, pacemaker, atrial fibrillation, chronic obstructive pulmonary disease, pancreatic pseudocyst, anemia, and leukocytosis. A document labeled Call Report Sheet indicated the patient had stage 1 and stage 2 pressure ulcers on the buttocks.<br><br>A review of the medical record revealed photographs of the pressure ulcers on both admissions. A review of the careplan revealed there was no mention of the pressure ulcers. A review of the admission screening form revealed there was no mention of any wounds. A review of the admission orders revealed an order for Beck's butt balm to the affected area on 5/21/09. Daily progress notes from 5/21/09 to 6/1/09 revealed the skin assessment indicated skin intact or was left blank.<br><br>Readmission on 5/30/09 revealed no new orders for treatment of the pressure ulcers. The only intervention noted on either admission was the Beck's butt balm and a nutritional assesment for supplements to increase wound healing.<br><br>The photograph of the wounds taken on readmission did not include measurements although the wounds appeared larger.<br><br>Interview with the charge nurse on the unit revealed the patient did not have any pressure relieving devices on the patient's bed or wheelchair. The nurse indicated referral for wound care assessment was made when a wound was stage three in developement. The nurse indicated staff was applying a barrier | S 300 | | |

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| S 300 | Continued From page 10<br>cream to the affected area currently. The nurse indicated the wounds should have been written on the care plan.<br><br>A review of the wound care assessment policy indicated the skin care resource team represented by staff nurses from each unit was available and a staff nurse could request a consult from the team without a physician order. The policy also indicated if no specific wound care orders were written, saline dressings were applied until physician was contacted for specific orders. None of this protocol was in evidence.<br><br>6. Patient #13 had a rash with an ulceration in the groin area and the care plan did not identify nursing goals or interventions designed to resolve the problem<br><br>7. Patient #19 had dysphagia but his care plan was not updated to reflect changes in his diet and in the supervision he required during mealtime.<br><br>Severity: 2 Scope: 3 | S 300 | | |
| S 310 SS=D | NAC 449.3624 Assessment of Patient<br><br>1. To provide a patient with the appropriate care at the time that the care is needed, the needs of the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient.<br><br>This Regulation is not met as evidenced by:<br>Based on record review and interview, the facility failed to continually reassess the needs of patient #8 throughout the hospital stay. | S 310 | | |

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| S 310 | Continued From page 11<br>Findings include:<br><br>Patient # 8 was admitted to the facility on 5/20/09 and readmitted on 5/30/09 after a two day acute hospital stay from 5/27/09 to 5/30/09. The patient's daignoses included status post mitral valve replacement, pacemaker,atrial fibrillation, chronic obstructive pulmonary disease, pancreatic pseudocyst, anemia, and leukocytosis. A document labeled Call Report Sheet indicated the patient had stage 1 and stage 2 pressure ulcers on the buttocks.<br><br>A review of the medical record did not reveal a reassessment by the nursing staff on the readmission to the facility, nor was there evidence of the skin care resource team being utilized per wound assessment policy, nor was the protocol for saline dressings followed. There was no evidence of pressure relieving devices utilized for the patient. There was no evidence of treatment orders for the wounds on readmission other than barrier cream applied without a physician's order.<br><br>Severity: 2 Scope: 1 | S 310 | | |
| S 405 SS=D | NAC 449.370 Outpatient Services<br><br>4. Equipment and supplies necessary to meet the anticipated needs of the outpatients must be readily available and in good working order. This Regulation is not met as evidenced by: Based on observation and interview the facility failed to ensure that when staff observed a frayed call light cord in the recovery room of the special procedures unit it was replaced.<br><br>No working call lights were observed in the recovery room of the special procedures unit. | S 405 | | |

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| S 405 | Continued From page 12<br><br>Severity: 2 Scope: 1 | S 405 | | |
| S 519 SS=D | NAC 449.379 Medical Records<br><br>8. All medical records must document the following information, as appropriate:<br>(a) Evidence that a physical examination, including a history of the health of the patient, was performed on the patient not more than 7 days before or more than 48 hours after his admission into the hospital.<br>This Regulation is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to complete a patient's history and physical within 48 hours for 1 of 21 sampled patients.<br><br>Patient #4 was admitted to the hospital on 5/29/09, and did not have her history and physical completed until 6/1/09.<br><br>Severity: 2 Scope: 1 | S 519 | | |